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INTELLECTUAL PROPERTY LAW

To:	U.S. Patent & Trademark Office	From:	Anton J. Hopen
Attn:	Thomas M. Lithgow - Art Unit 1724	Client:	1321.28
Fax:	(703) 872-9310	Pages:	21 including coversheet
Phone:	(703) 308-0173	Date:	October 9, 2002
Re:	USPN 09/681,907	CC:	Agrimond, LLC
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Docket No. 1321.28

PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

ALFREDO J. TERAN ET AL.

Serial No.: 09/681,907

Art Unit: 1724

Filed: 06/22/2001

Examiner: Lithgow, T.M.

For: Method For Treating Dye Wastewater

Faxed to Technology Center 1700 at (703) 872-9310  
Box Fee Amendment  
Assistant Commissioner for Patents  
Washington, D.C. 20231

**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application.

**STATUS**

2. Applicant is an independent inventor. A statement was already filed.

**EXTENSION OF TERM**

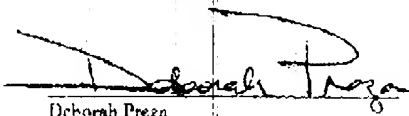
3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that an extension of term is required. Petition And Fee For Extension of Time is attached hereto.

**CERTIFICATE OF FACSIMILE TRANSMISSION**

(37 C.F.R. 1.8)

I HEREBY CERTIFY that this Amendment B is being transmitted by facsimile to the U.S. Patent and Trademark Office, Technology Center 1700, Art Unit 1724, Attn: Examiner Thomas M. Lithgow, (703) 872-9310 on October 9, 2002

Dated: October 9, 2002

  
Deborah Preza

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**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	15	Minus	20	= 10	× \$9 =	\$90.00
Indep.	2	Minus	5	= 0	× \$39 =	\$0
First Presentation of Multiple Dependent Claim					+ \$130 =	\$0
Total						Addit. Fee \$0

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3;
  - \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
  - \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

**FEE DEFICIENCY**

5. If any additional extension and/or fee is required, charge Deposit Account No. 500745.  
If any additional fee for claims is required, charge Deposit Account No. 500745.

  
SIGNATURE OF PRACTITIONER

Reg. No. 41,849  
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